Author's response to reviews

Title: The development and implementation of a regional network of physiotherapists for exercise therapy in patients with peripheral arterial disease, a preliminary report

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Author's response to reviews: see over
Dear Editor,

Thank you for giving us the opportunity to revise our manuscript on the development and implementation of a regional network for exercise therapy. The comments by your reviewer have been very constructive and have in our opinion improved the manuscript.

Hereby we would like to resubmit our revised manuscript to the BioMed Central Health Services Research with the revised title:

‘The development and implementation of a regional network of physiotherapists for exercise therapy in patients with peripheral arterial disease, a preliminary report’

The suggested and implemented revisions are outlined below.

All authors have seen and approved the final version of the manuscript and stated that no financial or other conflict of interest are present. The authors have fulfilled the criteria of authorship and assign hereby copyright to the BioMed Central.

On behalf of all authors,
Yours sincerely,

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Major Compulsory Revisions

This report should not be formatted as a traditional scientific article, but should be rewritten as a preliminary report.

We agree with the reviewer that the article is a preliminary report, written in the (provided) format of a scientific article. We have rewritten the article fitting the format of a preliminary report. Changes: the sentence ‘preliminary report’ has been added to the title. The headings methods and results have been changed in Exercise Therapy Network development, and Exercise Therapy Network implementation, respectively. A description of the reason for the preliminary report has been added to the background section: ‘Before future research will commence, we would like to outline the steps taken for the development and implementation of the Network Exercise Therapy Parkstad’. This has also been stressed in the future implications section. Furthermore multiple small changes have been made throughout the article and the abstract.

Future hypotheses to be tested should be documented

The web-based database will provide us with a large amount of disease specific and therapeutic related information and future research is already in progress. We hope to publish these results in due time. We have added information on future hypothesis in the future implications section: ‘Future research, currently in progress, will investigate the therapeutic benefits and the cost-effectiveness of exercise therapy in a physiotherapeutic setting.’ The collected measures are described in the conclusions section: ‘However, besides the increase in maximal walking distance, the prognosis of general health (diabetes, high cholesterol, hypertension, bodyweight,
blood pressure, quality of life, life-style changes like smoking, and an inactive life-style) may improve. Potential differences in costs are likely to result from less morbidity and medical consumption related to PAD complications, vascular surgery, and associated cardiovascular diseases. It is expected that these savings will exceed the costs of ET in a physiotherapeutic setting. However, a true cost-effectiveness analysis should answer this question.

Specific comments

A discussion on the difference between the number of invited physiotherapists in contrast to the limited number of physiotherapists in the final network should take place.

A discussion on the difference between the number of invited physiotherapists and the limited number of physiotherapists in the final network has been added to the discussion section: ‘Less than half (49%) of the physiotherapists that attended the symposium, eventually jointed the network. This seems disappointing, but taken into account that only 30% of the Dutch practices is in the possession of the required treadmill, the results were better than expected. Furthermore, the majority of practices are already specialised in for instance, cardiac rehabilitation, pulmonary diseases, sport-physiotherapy or neurological disorders, leaving little room for an additional (and time consuming) speciality. The 22 practices that were capable to meet the set requirements, cover the region well and are highly motivated.’

In contrast to the reviewer we find the total of 27 physiotherapists a more than satisfying result.